

NOTIFICATION OF SEPARATION FROM SERVICE (rev. 8/2003)

Date Sent: _____

To: Essex Regional Retirement Board
491 Maple Street, Bldg. 200, Suite 202
Danvers, MA 01923-4025
Phone: (978) 739-9151 Fax: (978) 750-0745

Please complete both sides of this form and return it to the Essex Regional Retirement Board.

In accordance with the rules and regulations of the Essex Regional Retirement Board, pursuant to General Laws, Chapter 32, Section 20(5)(b), as amended, I hereby notify your Board of the permanent separation from service of the following person as an employee of the:

Town/District: **TOWN OF HAMILTON**

Member's Name:

Social Security Number:

Members Address:

(Street & Number) (City/Town) (State) (Zip)

Title of Position: _____

Member worked _____ hours per week. Full time for that position is _____ hours per week.

First Day of Work: _____ **Last Day of Work:** _____

Member's last retirement deduction appears on the _____ Monthly Deduction Report.

Week End-Date Regular Compensation Last Received: _____

Week End-Date of Last Payroll Period with Retirement Deduction: _____

Amount of Salary/Wage \$ _____ per hour \$ _____ per week \$ _____ per month

Separation was (Circle One) voluntary involuntary **Litigation Pending (Circle One)** yes no

Cause of Separation From Service (Check One)

- | | |
|---|--|
| <input type="checkbox"/> Resignation (State reason below.) | <input type="checkbox"/> To Enter Military Service |
| <input type="checkbox"/> Involuntary Layoff (Other than discharge for cause. State reason below.) | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Discharge – For Cause (State reason below.) | <input type="checkbox"/> Employee Death |
| <input type="checkbox"/> Position Abolished | <input type="checkbox"/> Fails of Reappointment |
| <input type="checkbox"/> Transfer of Membership to _____ Retirement System | <input type="checkbox"/> Other-(State reason below.) |

REMARKS: _____

Signed under the pains and penalties of perjury, this the _____ day of _____, 200__

(Name)

(Title)

Essex Regional Retirement Board Breakdown of Final Check

The following information is to be completed and returned with the Notification of Separation from Service form:

Name: _____

1. Date last paycheck received: _____ Amount: _____

2. Pay period covered. From: _____ to _____

3. Actual last day worked: _____

	Days or Hours	Rate of Pay	Total
4. Regular Salary:	_____	_____	_____
5. Vacation Time:	_____	_____	_____
6. Personal Time:	_____	_____	_____
7. Holiday Time:	_____	_____	_____
8. Longevity Pay:	_____	_____	_____
9. Education Incentive:	_____	_____	_____

Pay Not Subject to Retirement

10. Sick Time Buy Back: _____

11. Comp. Time Buy Back: _____

12. Other: _____

Separation was (Circle One) ☐ voluntary ☐ involuntary ☐ Litigation Pending (Circle One) ☐ yes ☐ no

(Signature) _____ (Title) _____ (Date) _____

☐ Resignation
☐ Involuntary Layoff (Other than discharge for cause. State reason below.)
☐ Discharge - For Cause (State reason below.)
☐ Position Abolished
☐ Transfer of Membership to _____ Retirement System
☐ Other - (State reason below.)

REMARKS _____

Signed under the pains and penalties of perjury, this the _____ day of _____, 200__

(Name) _____ (Title) _____